

# Add-On Sibling Scholarship Form 2008-09 School Year



\* This form is ONLY for families that have already submitted a COMPLETE 2008-09 application and have additional children in the immediate family they want considered for a scholarship in 08-09.

\* **IF YOU HAVE NOT ALREADY MAILED IN A 2008-09 APPLICATION, DO NOT USE THIS FORM.**

\* Please include a non-refundable money order payable to FPS for \$25 to process this additional scholarship application.

## A. Parent/Guardian Information (Only those who live in the student(s) household)

1. 1<sup>st</sup> Parent or Guardian's Name: \_\_\_\_\_  
First Name Middle Initial Last Name
2. 1<sup>st</sup> Parent or Guardian's SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 2008-09 Application Number: \_\_\_\_\_  
Relationship to child (check one):  Mother  Father  Step-Parent  Grandparent  Other(Explain): \_\_\_\_\_
3. 2nd Parent or Guardian's Name: \_\_\_\_\_  
First Name Middle Initial Last Name
4. 2nd Parent or Guardian's SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Relationship to child (check one):  Mother  Father  Step-Parent  Grandparent  Other(Explain): \_\_\_\_\_

## B. Add-On Sibling Information (All students on the application must be of the same IMMEDIATE family.)

**New Add-on Sibling 1.** If this child is entering grades 2 – 12 in August 2008, is/was this child a full time student in a FLORIDA public school from Oct 1, 2007 to Mar 1, 2008?  YES  NO If no, the child is NOT eligible

5. Student First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_
6. Grade Level as of August 2008: \_\_\_\_\_ (K5-12 only) 7. Student Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
8. Race (optional/check one):  African-American  Asian  Caucasian  Hispanic  Other(explain): \_\_\_\_\_
9. Gender:  Male  Female
10. Date of Birth (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ (Child must be 5 years old by Sept 1, 2008)  Enclose Birth Certificate
11. Current School: \_\_\_\_\_ 12. School County: \_\_\_\_\_
13. School Type (check one):  Public  Private  Charter  Lab School  Enclose Most Recent 07-08 Report Card

**New Add-on Sibling 2.** If this child is entering grades 2 – 12 in August 2008, is/was this child a full time student in a FLORIDA public school from Oct 1, 2007 to Mar 1, 2008?  YES  NO If no, the child is NOT eligible.

14. Student First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_
15. Grade Level as of August 2008: \_\_\_\_\_ (K5-12 only) 16. Student Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
17. Race (optional/check one):  African-American  Asian  Caucasian  Hispanic  Other(explain): \_\_\_\_\_
18. Gender:  Male  Female
19. Date of Birth (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ (Child must be 5 years old by Sept 1, 2008)  Enclose Birth Certificate
20. Current School: \_\_\_\_\_ 21. School County: \_\_\_\_\_
22. School Type (check one):  Public  Private  Charter  Lab School  Enclose Most Recent 07-08 Report Card

## C. Certification Signature

I understand that the elements of the certification agreement that I signed on my original 2008-09 application apply equally to the children on this form.

I understand that the misrepresentation of the information in any way will result in the scholarship being denied or revoked, and may subject me to prosecution under applicable State and Federal laws.

I understand that if my child begins attending private school for the 08-09 year before I receive an award letter I will be responsible for paying all tuition costs incurred before the date of the award letter.

23. 1<sup>st</sup> Parent/Guardian Signature \_\_\_\_\_ 24. 2<sup>nd</sup> Parent/Guardian Signature \_\_\_\_\_ 25. Date \_\_\_\_\_
- Parents are encouraged to include ALL prospective scholarship children on their original application. Failure to do so will require an add-on processing fee of \$25 by money order, payable to FPS for processing the additional children.  
For each student entering grade 2-12 include a 06-07 Report Card showing the first three reporting periods.  
For each student entering grades Kindergarten or First include a copy of the Birth Certificate.

**Mail this form with supporting documentation and \$25 money order to:**

**FPS – Add-On Sibling Scholarship  
P.O. Box 54429, Jacksonville, FL 32245-4429**